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ABSTRACT

This document reports on the Home-Centered Prevention (HCP) Project, located in San Antonio, Texas within the Texas Department of Human Services Region 9, which was designed to implement and test a model for in-home services to families in which child abuse had occurred. It contains a process evaluation describing the first-year efforts of project staff to develop the HCP project. The background of the project is reviewed and goals and objectives of the project are listed. The counseling and case management approach used in the project and the short-term, intensive, comprehensive services provided to families through the model are described. Project operations and accomplishments are discussed and issues and problems encountered are identified. The report notes that, during its first year, the HCP served 14 families and 21 children who would otherwise by in substitute care; enhanced the teaching, role modeling, counseling, and supportive capabilities of project staff through training; wrote procedures for working with courts and for case selection and referrals; coordinated activities with other projects; and gathered data to be used in comparing the cost-benefit of project services versus substitute care. Relevant materials are appended. (NB)

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Innovations in Child Protective Services

P.L. 93-247
Grant Award #06C23-11

ED293071

CS 020719

Annual Report

Home-Centered Prevention Project

September 30, 1987

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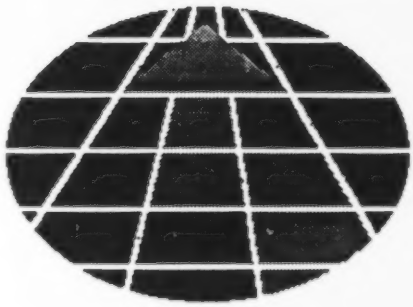

Office of Strategic Management, Research, and Development

Texas Department of Human Services

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

HOME-CENTERED PREVENTION PROJECT

Annual Report

September 1, 1986, through August 31, 1987

September 30, 1987

Written by
Joe G. Flores, Jr., M.S.S.W.

Submitted by

Texas Department of Human Services
Office of Deputy Commissioner for Services to Families and Children
David C. Trejo, Deputy Commissioner

and

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E Detailed Work Plan
F Process Evaluation Plan

ACKNOWLEDGMENTS

The Texas Department of Human Services (DHS) wishes to acknowledge the contributions of a number of people who helped plan, start, and operate the Home-Centered Prevention Project and who contributed to the preparation of project reports.

Jeanne Hackett, M.S.W., served as project director. Rose Orsborn, CPS program director, and David Reilly, regional director for Services to Families and Children, provided regional administrative support to the project.

Joe Papick, program specialist with the Protective Services for Families and Children (PSFC) Branch--headed by James C. Marquart, Ph.D.--at headquarters in Austin was the program liaison to the project.

From the Office of Strategic Management, Research, and Development (SMRD)--headed by Murray A. Newman, Ph.D.--efforts were contributed by several members of SMRD's Special Projects Division, which is administered by Alicia Dimmick Essary. Joe G. Flores, Jr., M.S.S.W., project specialist, prepared the grant proposal, process evaluation, and reports to the funding source and arranged for nationwide dissemination of the annual report. Amber Hollingsworth, Mary Garcia, and Nicholas Constant contributed to the good quality of project documents.

General Introduction

In the past year, the Texas Department of Human Services (DHS) conducted 12 projects funded by P.L. 93-247 Basic State Grant Funds (Part I--9 projects) and Medical Neglect Grant Funds (Part II--3 projects). The projects were designed to test ideas for improving services to children in need of protection. Seven projects operated from the state office (Austin), and 5 projects operated from DHS's direct-service regions. However, the seven state office projects involved regional staff and provided direct benefits statewide to all the direct-service regions. (Project titles and locations are shown in figure 1.)

OVERALL OBJECTIVES

Overall objectives established for the 9 projects funded by Basic State Grants (Part I) were--

- to provide equity and consistency of services to the children that DHS's Protective Services for Families and Children (PSFC) Program is responsible for protecting under state and federal law;
- to develop automated applications for use by PSFC staff as part of DHS's "streamlining" initiative;
- to implement strategies to reduce the incidence of child neglect and family violence; and
- to plan for future service delivery needs and future directions in program development and management.

The overall objectives for the 3 projects funded by the Medical Neglect Grant (Part II) were--

- to improve procedures or programs for responding to reports of withholding medically indicated treatment from disabled infants with life-threatening conditions;

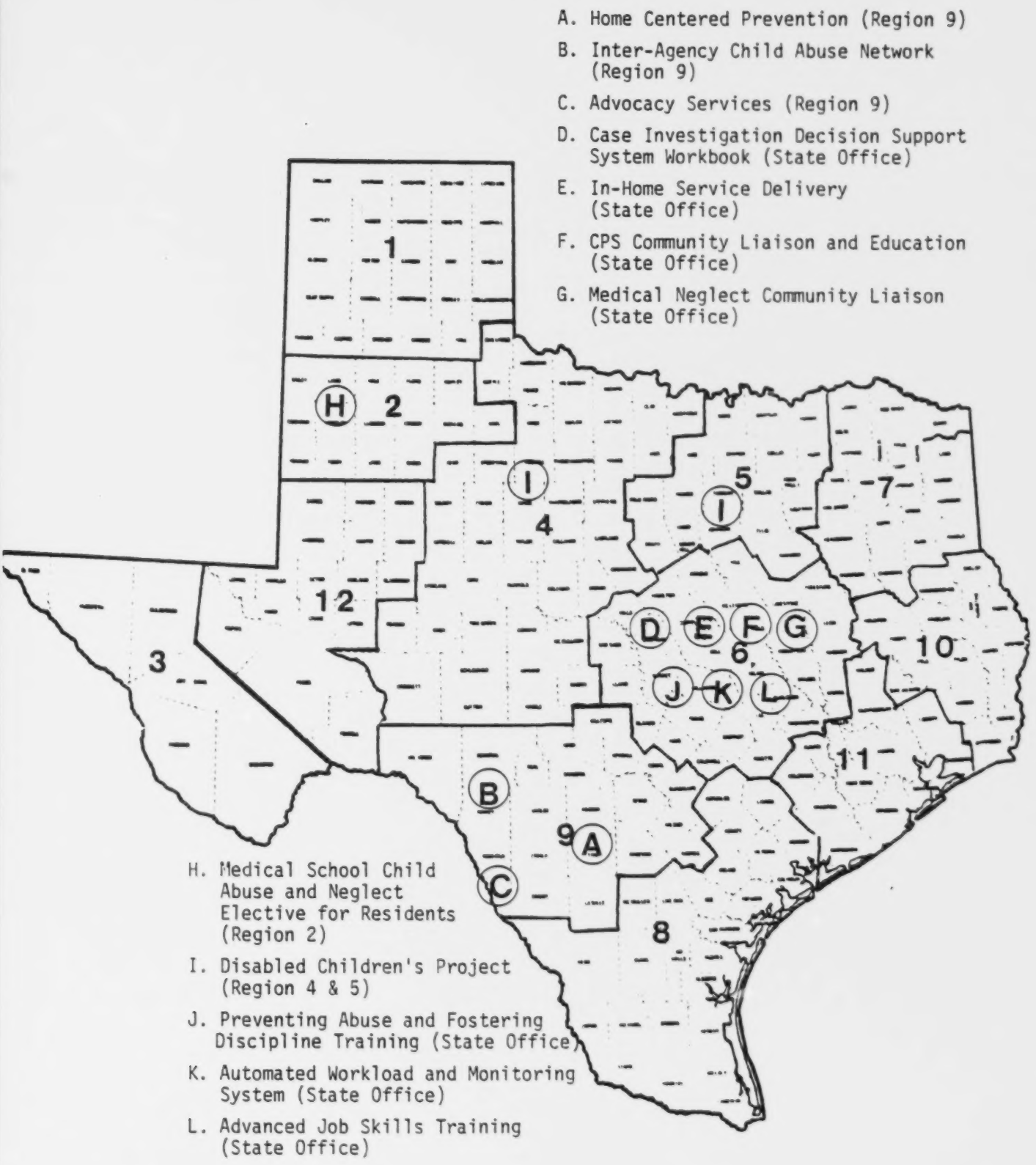

Figure 1. Location of 93-247 Projects within DHS Regions

- to develop and implement information and education programs or training programs for professional and paraprofessional staff--including CPS and health care per-sonnel--and for parents, with the purpose of improving services to disabled infants with life- threatening conditions;
- to develop and implement programs to help in obtaining and coordinating social and health services and financial assistance; and
- to establish within health care facilities committees for educating, recommending guidelines, and offering counsel and reviews.

PROJECTS REPORTED ON AND TYPE OF REPORT

This report is one of 12 separately printed documents on the following projects, 5 of which are ending this year (final reports) and 7 of which will continue for another year (annual reports).

Basic State Grants (Part I Funds)

- Home-Centered Prevention Project (annual report);
- Interagency Child Abuse Network Project (final report);
- Advocacy Services Project (final report);
- Case Investigation Decision Support System Workbook Project (final report);
- In-Home Service Delivery Development Project (annual report);
- Community Liaison and Education Project (annual report);
- Preventing Abuse and Fostering Discipline Training Project (final report);

- Automated Work Load Analysis and Monitoring System Project (annual report); and
- Advanced Job Skills Training Project (final report on a three-year project).

Medical Neglect Grants (Part II)

- Medical Neglect Community Liaison Project (annual report);
- Medical School Child Abuse and Neglect Elective for Residents Project (annual report);
- Disabled Children's Project (annual report).

FOR MORE INFORMATION

Each of the 12 annual or final reports may be obtained by contacting--

Texas Department of Human Services
Office of Strategic Management, Research, and Development
P. O. Box 2960 (Mail Code 234-E)
Austin, Texas 78769
Telephone Number (512) 450-3646 or (512) 450-3648

EXECUTIVE SUMMARY

Project Purpose

The Home-Centered Prevention (HCP) Project, located in San Antonio within Texas Department of Human Services (DHS) Region 9, was designed to implement and test a model for in-home services to families in which child abuse has occurred. (This approach may prove a preferable alternative to removing children from their homes and placing them in foster care.)

Features of the Model Program

In this model, short-term (4-6 months), intensive, and comprehensive services are provided to families. A counseling and case management approach is used to maximize the caseworker's potential to provide supportive services to a family. In addition, caseloads are kept at three to five families per worker, which allows for maximum worker contact with the family. Intensive services include home visits several times a week, supportive counseling for family members, and mobilization of other resources as needed.

Reporting Period

The two-year project ended its first year of operation in August 1987. This report, a process evaluation, describes the first-year efforts of project staff to develop the HCP Project.

Start-Up Delay

Start-up activities (e.g. staff hiring) were thwarted by the state's financial crisis, which resulted in a state hiring freeze. The original caseworkers were identified as early as August 1986 but were unable to transfer to the project on a full-time basis until November 1986. Yet the project director and caseworkers were able to hold various planning meetings and attend two important training sessions on providing intensive in-home services.

First-Year Accomplishments

During its first year, the project--

- o served 14 families and 21 children who would otherwise be in substitute care;
- o enhanced the teaching, role modeling, counseling, and supportive capabilities of project staff through two training sessions on intensive in-home services;
- o wrote procedures for working with courts;
- o wrote procedures for case selection and referrals;
- o coordinated activities with the Case Investigation Decision Support System (CIDSS) Project and the In-Home Services Delivery Development (IHSDD) Project; and
- o gathered data to be used in comparing the cost-benefit of project services versus substitute care.

Preliminary Results

Although it is too early to make definitive judgments about the effect of project interventions on the children and families served, project caseworkers have seen positive changes in their clients, who report feeling better about themselves and demonstrate better skills in caring for their children.

Project caseworkers have been able to build strong relationships with parents through lengthy contacts for home visits or for helping families locate resources. Contacts average four per week and sometimes run four to six hours each. The visits are used to establish the relationship, resolve problems, link the family with resources, and ensure the children's safety. Much of the caseworkers' time is spent on helping the families with their basic needs (medical, housing, food, employment) and teaching them how to access resources on their own. An important factor in the caseworkers' success seems to be the amount of time that they can spend with the family.

1. BACKGROUND

In-Home Protective Services at Texas DHS

In Texas, the Protective Services for Families and Children (PSFC) Branch of the Texas Department of Human Services (DHS) is responsible for the protection of children. Through its Protective In-Home Services Program, PSFC provides support services to families and children in their own homes to help prevent further abuse or neglect and to prevent the need for removing the child. The focus of the services is nonpunitive and geared toward rehabilitation of the family and treatment of the factors contributing to the abuse and neglect of the child. In-home services are either provided directly by DHS staff or purchased.

Enhancing Program Effectiveness

Since certifying that Texas meets the requirements of Section 427 of P.L. 96-272 on family preservation, PSFC has been debating how best to enhance its current Protective In-Home Services Program. Recognizing the need for a systematic examination of the program, DHS Region 9 proposed two projects, operated independently to allow unbiased testing: (1) the In-Home Service Delivery Development (IHSDD) Project and (2) the Home-Centered Prevention (HCP) Project.

While the projects are related, the IHSDD Project's focus is broader, concerned with examining and restructuring the current in-home services program and, in its second year, coordinating the testing of selected in-home service delivery models. In contrast, the HCP Project is testing a specific model for in-home services. This report discusses the HCP Project; a separate volume covers IHSDD.

2. GOAL AND OBJECTIVES

The goal of the HCP project is to reduce or eliminate the need to remove abused or neglected children from their homes. The following objectives were established for this project:

1. to provide abusive families with intensive in-home services that will lead to positive behavioral change in the families;

2. to enhance the teaching, role modeling, counseling, and supportive capabilities of the project's caseworkers;

3. to demonstrate the active involvement of judicial, community, and volunteer resources in the process of providing in-home services;

4. to develop criteria and guidelines for providing intensive in-home services, including criteria for opening and closing in-home cases;

5. to coordinate family assessment activities with the Case Investigation Decision Support System Project;

6. to compare the cost-benefit of the in-home services model with that of substitute care services; and

7. to share project information and test results with the In-Home Service Delivery Development (IHSDD) Project.

3. APPROACH

Program Model

The HCP Project was designed to implement and test a model for delivering intensive in-home services. In this model, short-term (4-6 months), intensive, and comprehensive services are provided to the entire family rather than only to the parents or children.

A counseling and case management approach is used to maximize the caseworker's potential to provide supportive services to a family. In addition, caseloads are kept at three to five families per worker, which allows for maximum worker contact with the family. Intensive services include home visits several times a week, supportive counseling for family members, and mobilization of other resources as needed.

Limited caseloads, along with special training, enable caseworkers to perform more teaching, role modeling, counseling, and other supportive activities that should produce positive behavioral changes in abusive families. The project's model was greatly influenced by the approach developed by the Homebuilders Program in the state of Washington.

Target Group

The primary target group consists of families that have both of the following factors: (1) the children have been or would be removed because their health or safety would be in jeopardy without intensive services; and (2) the family agrees to fully participate in the project. Excluded from the project are parents who are chronic substance abusers, psychotic, or severely retarded and families with sexual abuse problems.

4. PROJECT OPERATIONS AND ACCOMPLISHMENTS

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Project Location and Staffing (4-1)
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Detailed Work Plan (4-7)
Process Evaluation Plan (4-7)
Utilization and Dissemination (4-7)

Project Location and Staffing

The project is located in San Antonio (DHS Region 9). The original project proposal called for three full-time project caseworkers. Funding was approved in November 1986 for a fourth project caseworker, a project director, and a clerk—all full time.

Project Staff Training

Early in the project year, staff members attended two separate training sessions that were very important in preparing them to provide intensive in-home services.

Houston Prevention Unit. The first session was a two-day visit to the Houston Child Protective Services (CPS) Prevention Unit. Project staff had the opportunity to meet with the Houston staff and learn about Houston's casework intervention, referral and monitoring procedures, and the unit's integration with the CPS program.

Project staff also viewed a videotaped interview with a child and parent, and some HCP staff participated in a structured family interview led by the Houston staff.

Homebuilders. The second session was three-day training provided by the Homebuilders Program. HCP's project director and three of the four caseworkers were able to attend. Staff received training on the Homebuilders intervention strategy, which uses a model of intensive services that are provided for a short duration. The training focused on practical techniques used to assess and intervene with families.

Agreements on Court Matters

Court Procedures. Project staff developed an outline of procedures to be used in relations with the courts (Appendix A). The procedures were accepted by the judge of the 289th District Court and by the director of Child Advocacy of San Antonio (CASA). In addition, the procedures were shared with the San Antonio assistant district attorney and with DHS's legal unit.

Format for Legal Orders. In addition, the district attorney and DHS legal unit staff assigned to work on CPS cases developed a standardized format for legal orders regarding project conservatorship and parents' possession of the child. The orders read that the child will remain at home "... as long as the parents comply with the orders of the court and the family plan of service developed by the caseworker." The orders also state that the parents "... shall participate in any and all programs which they and the caseworker believe would be beneficial to the family unit."

Relations with Judge, Advocates, Attorneys

The judge assigned to Bexar County CPS cases was very supportive of the project. He referred to the project staff as the "special care unit." He approved each recommendation to have families participate in the project. In each case, he has been very thorough in questioning both parents and caseworkers before making the decision.

Child Advocacy of San Antonio (CASA) was also supportive of the project. CASA promptly assigned volunteers to project families.

Attorneys ad litem assigned by the court to represent children expressed concerns and questions about returning children to their homes. In order to more quickly acquaint the attorneys with the project, project staff gave them copies of the project philosophy, methods of intervention, and procedures.

Project Procedures

Project staff developed written procedures for case selection and referrals and distributed copies to program supervisors in Bexar County (which includes San Antonio). A copy of the procedures is in Appendix B.

Project staff continued to "fine tune" procedures for case selection and referrals throughout the project year. Some procedures, such as contacting the family within 24 hours of getting a verbal referral, were found unworkable or unhelpful. Instead, project staff started meeting with the referring supervisor and worker and negotiating a time for making the initial team visit. Other procedures will continue to be revised as needed.

Providing Project Services

Number of Clients Served. The HCP Project started accepting cases in January 1987. As of August 31, 1987, 14 families and 21 children had been or were being served. As a result, 21 children who would otherwise be in substitute care were allowed to remain in their own homes. Services were completed with 2 families and their cases closed during the project year. Conservatorship of 5 children was returned to their families after the families had participated in the project for three months. Appendix C gives a sample of the type of cases that the project accepted. Table 4-1 shows a breakdown by age and sex of children receiving project services.

TABLE 4-1
Children Receiving HCP Project Services
through August 1987

Age	Male	Female	Total
0 - 11 months	6	4	10
1 - 3 years	4	1	5
4 - 9 years	3	3	6
	13	8	21

Expected Changes in Referrals. The project received fewer referrals than anticipated because fewer conservatorship cases than usual were granted during this period. The unusually low number of conservatorship cases was not expected to continue.

Impact of Project

While it is too early to make definitive judgments about the project's impact on children and families served and on the CPS program, certain observations may be made.

"Being in the project is painless," was one comment by a parent receiving project services. Families want to change their abusive or neglectful behavior and to have better lives. They see the project caseworker as an important resource in helping them keep their children at home and in helping them make a better life.

Initially the caseworker builds a strong helping relationship with the parents through lengthy contacts (e.g., home visits or helping locate resources). Contacts average four times a week, and each contact may last four to six hours. These visits establish the relationship, resolve problems, link the family with resources, and ensure the children's safety. Much of the caseworker's time is spent helping the families with their basic needs (medical, housing, food, and employment) and teaching them how to access resources on their own. An important factor in the caseworkers' success seems to be the amount of time that they are able to spend with the family.

Project caseworkers have seen positive changes in their clients as a result of their intervention. Clients report feeling better about themselves and demonstrate better skills in caring for their children. Four parents of the 14 families involved with the project are now attending higher education. The caseworkers also feel very good about what they are accomplishing with the project.

Coordination with the CIDSS Project

Project staff met with staff from the Case Investigation Decision Support System (CIDSS) Project, which is applying automation to improve the CPS program's management of client assessment, service planning, and service provision. At the meeting, staff members discussed possible ways of incorporating assessment tools developed by the CIDSS. HCP Project staff adapted the CIDSS assessment instrument for use at the initial family assessment. A copy of the assessment tool is in Appendix D.

Cost-Benefit of Project Services

The project director worked on developing a plan and system for gathering and analyzing data on the cost-benefit of project services versus substitute care. The regional planner and the project director met twice and identified what data will have to be gathered. In addition, a memo was written to state office CPS program staff requesting information on statewide data for substitute care costs, recidivism rates, and costs of contract services. Analysis of the data being gathered and a report on the cost-benefit of project services will occur during the second project year.

Sharing Information with the IHSDD Project

The project director met regularly with the project director of the In-Home Service Delivery Development (IHSDD) Project to share information on progress and activities.

Detailed Work Plan

A detailed work plan was developed for the project and can be found in Appendix E. Due to delays in hiring, some tasks were completed later than anticipated.

Process Evaluation Plan

A process evaluation plan was developed for the project and can be found in Appendix F. The plan was used to evaluate the project's progress in meeting its objectives.

Utilization and Dissemination Activities

Project staff made presentations about the project to CPS regional staff, to other agencies, and to meetings of regional directors for Services to Families and Children. In addition, the project was featured in the regional newsletter.

5. ISSUES AND PROBLEMS

Start-Up Activities Thwarted

Project start-up activities (e.g., staff hiring) were thwarted by the state's financial crisis, which resulted in a state government hiring freeze. The original project caseworkers were identified as early as August 1986 but were unable to transfer to the project on a full-time basis until November 1986. However, before November the project director and caseworkers were able to hold various planning meetings, and they attended two training sessions on providing intensive in-home services: the first was conducted in Houston, and the second took place in Federal Way, Washington.

Screening of Appropriate Clients for the Project

In order to be accepted into the project, parents must be willing to work with the project caseworker and be capable of protecting their children. Parents with histories of chronic substance abuse who are not in treatment are not good candidates. The substance abuse problem can interfere with parents' abilities to work with the project and to protect their children. Yet sometimes it is difficult to discover that a client has a substance abuse problem until after he or she is accepted into the project and services have started. Project staff will be alert to identifying parents with substance abuse problems.

APPENDIXES

Home-Centered Prevention Project

APPENDIX A

Outline of Court Procedures

HOME CENTERED PREVENTION PROJECT
for
Intensive and Short-Term Services
to Families in Crisis

Procedures Outline for Court

A. Pre-Ten Day Hearing

1. Family referred to Project by filing caseworker and supervisor.

2. Project worker interviews the parents and children, gathers information, and with the family, makes a decision whether to provisionally accept the family into the Project.

3. If accepted, Project worker discusses recommendation with other involved parties: ad litem, parent's attorney, assistant DA and CASA.

B. Ten-Day Hearing

1. Workers (both Project and filing) and assistant DA present recommendation to the Court, if all involved parties agree to participate in the Project.

2. Court approved or disapproves recommendation. If approved, Court instructs all parties that the child is being returned to the home of the family, rather than placed in foster care, on condition that:

   a. the whole family works with the Project caseworker as well as recommended resources;

   b. children's health and safety remain protected;

   c. family shows commitment to work on those problems that resulted in Agency involvement; and

   d. lack of progress or compliance, or re-injury could result in the re-removal of the child from the home.

3. If Project involvement is approved, TDHS will routinely request:

   a. return of the child to the home;

   b. 3 months temporary managing conservatorship;

   c. participation by the family with services and resources recommended by the Project caseworker.

C. Activities Prior to Three-Month Court Appearance

1. Project worker teaches, consults, supports and advocates for family, visiting several times weekly.

2. Worker available to the family at times convenient or needed by the family, including evenings and weekends.

3. All involved parties meet within 30 days after the 10 day hearing at a staffing to discuss progress, plans in place, barriers, next steps.

4. Family progress will be reviewed in-house on a weekly or as-needed basis.

5. Ad hoc staffings including all involved parties scheduled as needed.

6. Worker and CASA volunteer consult on regular basis.

7. In the evnet of re-injury or serious concerns for children's well-being in the home, child will be removed and the Court as well as all involved parties notified immediately.

D. Three-Month Hearing

1. Worker and CASA review progress, and make one of the following four recommendations:

   a. three-month extension with continued Project involvement;

   b. three-month extension with continued CPS services provided by a non-Project caseworker;

   c. dismissal of TDHS conservatorship, with continued services provided by a non-Project caseworker; or

   d. dismissal of TDHS conservatorship and subsequent closure of CPS case.

E. Six-Month Hearing (If applicable)

1. If Project involvement has continued since the initial 3 month hearing, worker and CASA will make one of the following three recommendations:

   a. three-month extension with continued CPS services provided by a non-Project caseworker;

   b. dismissal of TDHS conservatorship, with continued services provided by a non-Project caseworker; or

   c. dismissal of TDHS conservatorship and subsequent closure of CPS case.

APPENDIX B

Project Procedures for Case Selection and Referrals

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Home Centered Prevention Project Procedures

TO:

Bexar County CPS
Supervisors
San Antonio 278-1

FROM:

Jeanne Hackett, 091-58
HCPP Supervisor
San Antonio 278-1

DATE: January 27, 1987

Attached is a description of the Home Centered Prevention Project (HCPP) program, as well as criteria for case selection and procedures to use when you want to make a referral.

Project caseworkers include: Maria Arredondo, Esteban Pena, Anita Ragland, and Vanessa Williams. They and I are excited about the Project and, having just started to work with our first referral, are looking forward to hearing from you with future referrals.

Jeanne

Jeanne Hackett
HCPP Supervisor

JH:jc

cc: David Reilly, Regional Director, Children's Protective Svcs, 278-5
Rose M. Orsborn, Child Placement Director, Ongoing Protective Svcs, 278-5
Julie Leake, Child Placement Director, Adoptions/Foster Care Svcs, 278-5
Dolores Colmenero, Child Placement Director, Intake Svcs, 278-5
Donna Garrett, Child Placement Director, Community Program Development Svcs, 278-5
David Davis, Child Placement Director, HCPP Svcs, 278-5
file copy

Program: Home Centered Prevention Project: an emergency response program to prevent continued foster care placement.

Description: Home Centered Prevention Project is designed to intervene with families who are in serious crisis in order to provide the education and support necessary to preserve the family unit. It seeks to provide an alternative to long-term removal of children from their homes. Services seek to strengthen and maintain the integrity of the family while promoting the healthy growth and development of children.

This service is time-limited, intensive and deals with the family unit, rather than only with parents or only with children as individual clients. Offerred are an array of emergency responses targeted to families whose problems are so severe that placement of one or more children outside the home has recently occurred.

Program components include:

1. Provisions to meet the family's basic needs (food, shelter, clothing, medical care, etc.)

2. Ongoing family assessment and counseling (focused on treatment and education)

3. Parenting, household management, life skills training and education services (homemakers, day care, parent support groups, recreation programs...in short, whatever interdisciplinary services the family needs)

4. Family empowerment: Powering parental autonomy by helping families solve their own problems and become less dependent on the intervention of social service agencies.

5. Respect for the dignity of the individual family

6. A belief that families have the capacity to change, and that most troubled families want to do so

7. Use of family theory: Regards the family as the unit to be served, rather than the "troubled child" or "dysfunctional parent," and offers counseling based on an understanding of how families function as a unit within the context of other environmental and social systems

Program attributes include:

1. Accessibility: Times of worker-client contact are not restricted to business hours or to weekdays. Workers routinely are available by telephone and can be called upon to visit anytime during the 24-hour day. Most of the contacts take place in the family's home or other natural environment at the time of day most helpful and convenient to family members.

2. Intensity of service: Workers are available to clients as needed. Services are massed during the time of crisis when the potential for change is greatest. Workers carry small caseloads to allow time for intensive work with families. Services are given in frequency and amount needed.

3. Time-limited and brief: Services to families are of a specific, short-term duration, usually no longer than four months to six months. Performance-based written contracts between worker and clients are developed.

4. Designed to deal with diverse families: The client load may include families of various income and education levels, families with a high potential for violence, as well as families who are confusing, unpredictable and even abusive to workers.

5. Designed to support the family unit and to protect the well-being of children: Workers are sensitive to the need to help families avoid hurting themselves and others, striving to maintain a balance between child protective and intensive family services.

Case Selection

Because of the intensity of the work and the Project's goals, the unit will work with families whose problems are so severe that placement has recently occurred. The program is designed to provide short-term (4-6 months) intensive and high impact services.

The model for intervention the Project will follow was researched and developed by Homebuilders of Washington. The focus of treatment is the entire family, and while the family system may well be the source of the problems, it is also seen as the source of the solutions. Certain kinds of family problems are not seen as appropriate, and cannot be accepted into the Project at this time. Examples of inappropriate families to refer are:

1. Chronic Neglect: family has a history of chronic neglect, i.e. numerous referrals for same type of problems, family has not used services offerred, extensive support services needed but family has resisted all efforts of help, no change evident over a period of time, etc.

2. Sexually Abusive families.

3. Mental Retardation (resulting in functional impairment) of parent(s).

4. Mental Illness (e.g. psychotic behavior) of parent(s).

5. Chronic Alcohol or Drug Abuse of parent(s) who refuses to be involved in a rehabilitation program.

Procedures for Referral

1. Supervisor/worker of referring unit identify children at risk, having filed a petition to remove the child(ren), but not yet had the 10 day hearing.

2. Supervisor calls the HCPP supervisor to discuss referring the family to the Project for initial assessment.

3. If provisionally accepted, the assigned project caseworker will contact the referring caseworker for case background, and arrange to contact the family, preferrably accompanied by the referring worker, in order to meet and further assess the family, discuss the referral to and services of the Project, and elicit the family's interest in working with the program. This should be accomplished prior to the 10-day hearing.

4. The case will be staffed by the Project team, and a decision made on whether or not the case is accepted, pending both approval of the Court and permission of the parent at the time of the 10-day hearing. At least one parent must be willing to work with the Project. Project worker will be responsible for contacting the ad litem, CASA, our legal office and parent's attorney to discuss Project services for the family, pending Court approval.

6. Both the filing worker and the Project worker attend the 10-day hearing, and finalize agreements with the Judge, ad litem, CASA, the parents and other attorneys. The Project worker will be responsible for returning the child to the home.

7. In those instances that the Court disapproves Project intervention, the family will be referred to the next ongoing unit on the rotation for legal case assignments.

8. Current procedures for the initial permanent planning staffing and transfer of the family case to ongoing will be followed. When preparing the family's plan of service, one of the tasks should be involvement with the Home-Centered project.

APPENDIX C

Sample of Types of Cases
Accepted by Project

HOME-CENTERED PREVENTION PROJECT

Sample of Types of Cases Accepted by the Project

- **Background.** Nine month old with severe hot water burns secondary to gross parental neglect. The mother is isolated and has a history of victimization during childhood and as a young adult. She has described impulses to to lash out at her children.

  Intervention. Case referred 7/6/87. Services focused on provided parent assistance with parenting skills, self esteem, job training, family mediation, and other basic living needs (e.g. financial, medical, housing, etc.). Parent has found job. Family progressing well. Services continue.

- **Background.** Eight month old with skull fractures. The fractures occurred at different times. While deliberate injury to the child is not suspected, the parents do have serious deficiences in providing adequate supervision to the infant.

  Intervention. Case referred 7/17/87. Services focused on providing family with assistance in obtaining basic living needs, parenting skills, and support in dealing with stress. Father obtained job. Services continue.

- **Background.** Mother with failure to thrive twins, and older child. Mother had relinquished two children previously. Family has marginal family support and is new to the city. Family does not have stable housing and is not hooked to institutional supports (e.g. food stamps, WIC, school for older child, regular pediatrician, etc.,).

  Intervention. Case referred 3/16/87. Case closed 8/20/87. Services focused on helping client obtain basic needs, in particluar food for baby and medical care. Also, worked on parenting skills, and building self esteem of parent. Conservatorship of children returned to mother after three months. Client learned better interaction with children. Twins weight increased to healthy state. Client found appropriate housing and is linked to resources. Life book completed. Services terminated.

- **Background.** Infant with shoulder fracture not adequately explained by mother, who is an illegal alien. The family has no means of financial support but does have good extended family help.

  Intervention. Case referred 1/16/86. Case closed 6/1/87. Services focused on providing parenting skills, assertiveness training, medical care, and help with naturalization services. Conservatorship returned to mother after three months. Child doing well. Client found better housing, and job. Services terminated.

- **Background.** Mother and premature infant with extreme medical delicacy. Mother was not taking infant for medical help when needed nor following up with recommended treatment (e.g. using apnea monitor).

  Intervention. Case referred 4/17/87. Services focused on parenting skills, family mediation, esteem building and obtaining medical care. Baby stabilized and doing good. Mother in job training. Conservatorship returned to mother after three months. Mother is responding very well to services. She is a poet! Services are anticipated to end soon.

APPENDIX D

Project Initial Family Assessment
Instrument (Adapted from CIDSS)

CASE INVESTIGATION DECISION SUPPORT SYSTEM

ADULT PROFILE: NAME: _____ INITIAL ASSESSMENT/ CONTACT DATE: _____

AGE: _____ REVIEW DATE: _____

ROLE: _____

ACCESS TO CHILD (check applicable accessibility)

full-time _____
part-time _____
infrequent _____
none _____

	YES	NO	COMMENTS
INIDIVIDUAL CHARACTERISTICS			
1. no problems noted			
2. psychological/emot. problems			
3. limited intellectual ability			
4. lack of impulse control			
5. low self-esteem			
6. suicide tendencies			
7. substance abuse			
8. problems with the law			
9. history of physical assault			
10. history of sexual assault			
11. other			
PARENTING FACTORS			
1. good parenting skills			
2. limited parenting skills			
3. unrealistic expectation of children			
4. inappropriate discipline			
5. other			
RELATIONSHIP FACTORS			
1. healthy/supportive relationship			
2. marital/paramour problems			
3. sexual dysfunction			
4. other			
STRESS FACTORS			
1. financial problems			
2. employment problems			
3. health problems/disability			
4. recent divorce/separation			
5. other			
VICTIMIZATION HISTORY			
1. no victimization history			
2. abused/neglected as a child			
3. sexually abused as a child			
4. abused by spouse/paramour			
5. other			
SOCIAL ISOLATION			
1. no isolation			
2. some isolation			
3. severe isolation			
REACTION TO WORKER			
1. cooperative			
2. uncooperative			
3. hostile/threatening			
4. other			
PAST ABUSE/NEGLECT OF CHILD			

CASE INVESTIGATION DECISION SUPPORT SYSTEM

CHILD PROFILE: NAME: _____ INITIAL ASSESSMENT CONTACT DATE: _____

AGE: _____ REVIEW DATE: _____

ROLE: _____

PREVIOUS ABUSE/NEGLECT: _____yes _____no

	YES	NO	COMMENTS
PSYCHOLOGICAL/EMOTIONAL CONDITION			
1. normal psych/emot. condition			
2. diagnosed mentally retarded			
3. diagnosed psycholog. problem			
4. limited intellectual ability			
5. anxious/fearful			
6. withdrawn/depressed			
7. hostile/aggressive			
8. suicide tendencies			
9. other			
BEHAVIOR PATTERN			
1. normal behavior			
2. hyperactive			
3. substance abuse			
4. physically assaults others			
5. sexual acting out			
6. school problems			
7. delinquent behavior			
8. defiant/provoking behavior			
9. disturbed/unusual behavior			
10. other			
DEVELOPMENTAL CONDITION			
1. normal development			
2. below normal weight/height			
3. delayed speech motor			
4. delayed social development			
5. other			
PHYSICAL CONDITION/HISTORY			
1. good physical condition			
2. premature/low birth-weight			
3. serious illness/injury			
4. disability			
5. poor hygiene			
6. failure to thrive			
7. malnutrition			
8. skin rash/disorder			
9. other			
PARENT-CHILD RELATIONSHIP			
1. normal interaction			
2. bonding/attachment disruption			
3. role reversal			
4. lack of nurture/stimulation			
5. child afraid of parent			
6. child unwanted			
7. child scapegoated			
8. child perceived negatively			
9. other			

APPENDIX E

Detailed Work Plan

DETAILED WORK PLAN

HOME-CENTERED PREVENTION PROJECT	PRE-PLANNING			1986 - 1987 OPERATIONS											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
TASK 1 - Select Staff	COPIED AT STATE EXPENSE														
1.1 Discuss hiring procedures with regional personnel and budget officers			—												
1.2 Determine earliest possible date staff can be transferred to project			—	—	—										
1.3 Hire/transfer staff			—	—	—										
1.4 Orient staff about project objectives and commitments			—												
TASK 2 - Provide Project Staff Training															
2.1 Develop content of training				—	—										
2.2 Conduct training				—	—										
TASK 3 - Finalize Agreements With Judicial, Community, and Volunteer Resources on Project Procedures															
3.1 Meet with judicial, community, and volunteer resources and inform about project and its goal and objectives			—	—											
3.2 Develop procedures and agreements on how entities will be involved in the project			—	—	—										

DETAILED WORK PLAN

HOME-CENTERED PREVENTION PROJECT	PRE-PLANNING			1986 - 1987 OPERATIONS											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
3.3 Schedule and hold meetings with judicial, community, and volunteer resources to discuss problems or issues regarding project procedures											—			—	—
TASK 4 - Incorporate Case Decision Support System into the Family Assessment Tool															
4.1 Schedule and hold initial conference call/ meeting to discuss project and strategy for coordinating activities				—											
4.2 Develop procedures for incorporating the CIDSS Project workbook into the HCP Project's family assessment				—											
4.3 Share information and findings through quarterly telephone contact						—			—			—		—	
4.4 Schedule CIDSS training of staff on assessment tool				—											
TASK 5 - Acquaint CPS Program With Project Objectives															
5.1 Schedule and hold meeting with CPS program staff				—	—										
5.2 Introduce project's goal and objectives and procedures for referrals				—	—										
5.3 Introduce project staff				—	—										

COPIED AT STATE EXPENSE

DETAILED WORK PLAN

HOME-CENTERED PREVENTION PROJECT	PRE-PLANNING			1986 - 1987 OPERATIONS											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
TASK 6 - Develop Ongoing Referral Process															
6.1 Meet with CPS program directors and supervisors to discuss referral procedures				—	—										
6.2 Design referral procedures				—	—										
6.3 Disseminate agreed upon referral procedures and implement				—	—										
6.4 Receive, screen, determine appropriateness of referrals					—	—	—	—	—	—	—	—	—	—	—
TASK 7 - Provide Project Services															
7.1 Assign case to project staff					—	—	—	—	—	—	—	—	—	—	—
7.2 Supervise staff					—	—	—	—	—	—	—	—	—	—	—
7.3 Schedule and hold case staffings					—	—	—	—	—	—	—	—	—	—	—
7.4 Document case activities					—	—	—	—	—	—	—	—	—	—	—
TASK 8 - Develop Criteria and Guidelines for Project															
8.1 Develop criteria and guidelines for providing intensive in-home services, including opening and closing of cases					—										
8.2 Provide project staff training on criteria and guidelines					—	—	—	—	—	—	—	—	—	—	—

COPIED AT STATE EXPENSE

DETAILED WORK PLAN

HOME-CENTERED PREVENTION PROJECT	PRE-PLANNING			1986 - 1987 OPERATIONS											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
8.3 Develop procedural paper on providing intensive in-home services	COPIED AT STATE EXPENSE														—
TASK 9 - Gather and Analyze Data on Cost-Benefit of In-Home Services and Substitute Care															
9.1 Design parameters of study		—			—	—									
9.2 Design instrument for gathering data (obtain assistance from regional planner					—	—									
9.3 Gather and analyze data						—	—	—	—	—	—	—	—	—	—
9.4 Prepare report on findings															—
TASK 10 - Share Findings and Results of the Project With the In-Home Service Delivery (IHSD) Project															
10.1 Share information and findings through quarterly meetings					—			—			—			—	
10.2 Allow HCP cases to be read by the IHSD project and consult with IHSD project director					—	—	—	—	—	—	—	—	—	—	—
TASK 11 - Provide Information for Project Reporting and Evaluation															
11.1 Inform project specialist (state office) of project activities and any problems					—	—	—	—	—	—	—	—	—	—	—

DETAILED WORK PLAN

HOME-CENTERED PREVENTION PROJECT	PRE-PLANNING			1986 - 1987 OPERATIONS											
	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
11.2 Submit monthly/quarterly reports to project specialist	COPIED AT STATE EXPENSE														
11.3 Participate in consultative visits of SMRD staff			—		—			—			—			—	
TASK 12 - Advocate for Utilization of Project Findings															
12.1 Develop and implement utilization plan				—	—	—	—	—	—	—	—	—	—	—	—
12.2 Identify products for dissemination				—	—	—	—	—	—	—	—	—	—	—	—
12.3 Identify appropriate audiences for presentation of project findings				—	—	—	—	—	—	—	—	—	—	—	—
12.4 Make presentations as appropriate				—	—	—	—	—	—	—	—	—	—	—	—
TASK 13 - Prepare and Submit Quarterly/Final Reports (SMRD)															
13.1 Gather and record information about project proceedings				—	—	—	—	—	—	—	—	—	—	—	—
13.2 Organize data and submit to funding source at agreed upon intervals				—	—	—	—	—	—	—	—	—	—	—	—
TASK 14 - Disseminate Project Results				—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX F

Process Evaluation Plan

PROCESS EVALUATION PLAN

HOME-CENTERED PREVENTION PROJECT

BACKGROUND

In Texas the Protective Services to Families and Children (PSFC) Branch of the Texas Department of Human Services (DHS) is responsible for the protection of children. PSFC services include providing support services to families through its Protective In-Home Services Program. These services are provided to families and children in their own homes to help prevent further abuse or neglect and to prevent the need for removal of the child from his or her home. The focus of the services is nonpunitive and geared toward rehabilitation of the family and treatment of the factors contributing to the abuse and neglect of the child.

Since certifying that Texas met the requirements of Section 427 of P.L. 96-272, concerning family preservation efforts, PSFC has been debating how best to enhance its current Protective In-Home Services Program. Recognizing the need for a systematic examination of the In-Home program, DHS Region 9 proposed two projects: (1) the In-Home Service Delivery Development (IHSDD) Project and (2) the Home-Centered Prevention (HCP) Project. While the projects are related, the IHSDD Project's focus is much broader in scope than that of the HCP Project. The IHSDD Project concerns itself with examining and restructuring the current in-home services program and, in the second year, coordinating the testing of selected in-home service delivery models. In contrast, the HCP Project will test a specific model for providing in-home services. The projects are operated independently of each other to allow them

to test their objectives without bias. The projects have their own goal and objectives and are discussed in separate reports. This paper discusses the process evaluation plan for the HCP Project.

A process evaluation of the HCP project will be conducted by the project specialist in the Office of Strategic Management, Research, and Development (SMRD). The evaluation will determine whether the project objectives were met and also will describe methods used to implement and test an in-home intensive service delivery model.

EVALUATION QUESTIONS

Seven objectives were established for the HCP project. In the following subsections, the major questions to be addressed in the process evaluation are listed under each objective.

Questions for Objective 1

Objective 1 is to provide abusive families with intensive in-home services that will lead to positive behavioral change in the families. The process evaluation will address the following questions about this objective:

- What were the intensive in-home services that were provided to abusive families?

- How did the project's intensive in-home services differ from the services provided by the current protective in-home services program?

- How were the intensive in-home services provided to abusive families?

- What problems were encountered in providing the intensive in-home services to abusive families?

- How did the project staff evaluate that the intensive in-home services actually lead to a positive behavioral change in the families?

- How many families received in-home services?

- How many children receiving services were able to remain in their homes?

Questions for Objective 2

Objective 2 is to enhance the teaching, role modeling, counseling and supportive capabilities of the project's caseworkers. The evaluation will cover the following questions:

- What methods were used to enhance the teaching, role modeling, counseling and supportive capabilities of the project's caseworkers?

- How did caseworkers feel this enhancement affected their teaching, role modeling, counseling and supportive capabilities?

Questions for Objective 3

Objective 3 is to demonstrate the active involvement of judicial, community, and volunteer resources in the process of providing in-home services. Evaluation questions for this objective include--

- How were the judicial, community, and volunteer resources involved in the process of providing in-home services?

- How were the judicial, community and volunteer resources recruited to participate in the project?

- What were the perceived benefits from the involvement of the judicial, community, and volunteer resources in the process of providing in-home services?

Questions for Objective 4

Objective 4 is to develop criteria and guidelines for providing intensive in-home services, including criteria for opening and closing in-home cases. The process evaluation will address the following questions about this objective:

- Who participated in the development of the criteria and guidelines for providing intensive in-home services, including criteria for opening in-home cases?

- What were the criteria and guidelines that were developed for providing intensive in-home services, including criteria for opening and closing in-home cases?

- How were project staff, CPS staff and others informed and trained about the criteria and guidelines for providing in-home services, including criteria opening in-home cases?

- What problems were encountered in following the criteria and guidelines for providing intensive in-home services, including criteria for opening in-home cases?

Questions for Objective 5

Objective 5 is to coordinate family assessment activities with the Case Investigation Decision Support System (CIDSS) Project. The evaluation questions will cover the following objective:

- How did project staff coordinate family assessment activities with the CIDSS Project?

- What problems were encountered in coordinating family assessment activities with the CIDSS Project?

- What was the perception of the value of CIDSS to the HCP project?

Questions for Objective 6

Objective 6 is to compare the cost-benefit of the in-home services model with that of substitute care services. Evaluation questions for this objective include--

- How did project staff compare the cost-benefit of the in-home services model with that of substitute care services?

- What were the results of the comparison of the cost-benefit of the in-home services model with that of substitute care services?

Questions for Objective 7

Objective 7 is to share project information and test results with the In-Home Service Delivery Development (IHSDD) Project. The process evaluation will address the following questions about this objective:

- How did project staff share information and test results with the IHSDD project?

- How were these results used by the IHSDD project?

DATA COLLECTION PROCEDURES

The extent to which project objectives were met will be assessed by the project specialist from narative progress reports written by the project director.

Copies of any project products and contracts will accompany the monthly reports. Some of the expected products include—

- reporting of methods and results in a procedural paper or workbook, that includes:

  --criteria and guidelines for providing intensive in-home services, including the opening and closing of cases; and

  --agreements with judicial and community agencies.

- report on the cost-benefit of providing intensive in-home services; and

- data on caseloads.

The project specialist also will obtain information through personal contact with the project staff, site consultative visits, and attendance at meetings.

LIMITATIONS

There are no anticipated barriers or limitations to the successful completion of the process evaluation for this demonstration project. The schedule for carrying out the evaluation is shown in the projects Detailed Work Plan prepared and submitted during the first quarter.